

TN00 24988

# FAX

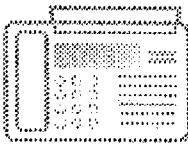
## CITY OF ALAMO

74 EAST PARK STREET

ALAMO, TN 38001

731-696-4515

731-696-4045-FAX



This fax may contain confidential and/or proprietary information and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited.

### MAYOR

TOMMY GREEN

### ALDERMEN

IRA BURROW

ROE NELL HUGHES

JOE JONES

JODY BYRD

### CITY RECORDER

RITA REASONS

TO: *May Belle Sparks*

NUMBER: *615-532-0686*

Date: *9-4-12*

FROM: *Bill Tyler*  
*City of Alamo*

NUMBER OF PAGES: *2*

RECEIVED

SEP 05 2012

TN Division Of Water  
Pollution Control

FACILITY NAME AND PERMIT NUMBER:

Alamo WWTP 0024988

Form Approved 1/14/99  
OMB Number 2040-0086

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	2.5		0.2		3/7	S. Methods	
CHLORINE (TOTAL RESIDUAL, TRC)	102		1.02		5/7	S. Methods	
DISSOLVED OXYGEN	6.0		6.0		5/7	S. Methods	
TOTAL KJELDAHL NITROGEN (TKN)	10.1		5.2		3		
NITRATE PLUS NITRITE NITROGEN	0.4		0.3		3		
OIL and GREASE	ND		ND		3		
PHOSPHORUS (Total)	6.4		2.7		3		
TOTAL DISSOLVED SOLIDS (TDS)	286		241		3		
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

RECEIVED